



Michigan National Organization for Women

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Honorable Jim Marleau, Chair
Senate Health Policy Committee
1010 Farnum Building
Lansing, Michigan

Dear Senator Marleau and Members of Senate Health Policy Committee:

The Michigan National Organization for Women **opposes SB 136**, a bill which would allow health care insurers, facilities, and providers to deny health care services to patients based on religious objections to the services by the insurer, facility or provider.

SB 136 is not a religious liberty bill, but one that discriminates on the basis of religion against patients who do not share the religious beliefs of the insurer, facility, or provider. If passed into law, the bill presents a clear threat to the health of Michigan's population.

Current non-discrimination law adequately protects employees who want to exercise religious conscience in the workplace. Reasonable accommodation of an employee's sincerely held religious beliefs is required by these laws. There is no demonstrated need to overturn these laws and permit an employee's religious beliefs to predominate over the health care employer's mission and goal to treat patients.

Additionally, there are some communities, counties, and regions in this state where there is only one religiously-affiliated health care facility or provider. Under SB 136, if that health care facility or provider claims a religious conscience concerning a health care service, it could effectively deny access to that health care service to a whole community, county, or region. The bill fails to protect patients in these communities where there is no alternative facility or provider from the harm that may be caused by religious conscience refusals.

For instance, pregnant women experiencing the need for miscarriage management put her life at risk when she lives in a community with only one Catholic-affiliated hospital. The policy of those hospitals is not to perform an abortion until a fetal heartbeat is no longer detected. That may be too late to prevent septicemia and/or severe health consequences to the woman and is not the standard of care in non-Catholic hospitals. In our view these hospitals must be required to set aside their religious viewpoint to protect the health and life of the woman.

Another example is a single pharmacy in an isolated community owned by a person claiming a religious conscience who refuses to fill a birth control prescription, thus requiring the patient to travel a

NOW's purpose is to take action to bring women into full participation in the mainstream of American society now, exercising all privileges and responsibilities thereof in truly equal partnership with men.

long distance to find an alternative pharmacy. In our view, these pharmacists must be required to set aside their religious viewpoint and fill the prescription for the patient.

Another flaw is that the bill is not even-handed in protecting religious liberty. Though the right of religious conscience is fundamental in our American legal system, any law purporting to protect the right of conscience must be even-handed and protect all sides. It must not be designed to permit one religious view to predominate. SB 136 as drafted only protects insurers, facilities, and providers that want to refuse to give medical care. It provides no protection to the consciences of insurers, facilities, or providers who want to provide services over the objections of employees, or to patients who want to refuse or receive them. SB 136 clearly favors one religious viewpoint to the detriment of all others and fails the even-handedness test.

SB 136's apparent intent is to reduce the number of insurers, facilities, and providers who provide comprehensive reproductive health care including birth control and abortion. Its intent may also be to assist insurers, facilities, and providers who want to deny health care services to homosexuals. Also affected are end-of-life choices that some patients may want to make but that some religious beliefs do not support. Clearly this bill favors the religious tenets of the Catholic Bishops and other religious organizations who oppose birth control, abortion, homosexuality, and death with dignity without also protecting those who do not hold these same beliefs.

According to the Guttmacher Institute, one of three women will have an abortion in her lifetime. Ninety-nine percent of American women have used artificial birth control. A majority of Americans now believe that homosexuals should have the same rights as non-homosexuals. End-of-life compassionate choices are highly supported. Catholics and evangelicals themselves reflect these same or similar percentages. This bill will not have popular support among voters once it is revealed that the bill provides no religious liberty protection to women, homosexuals and those who want to die with dignity, but instead permits and promotes religious discrimination against them by giving safe harbor to those who want to deny them health services.

Michigan NOW urges that the bill be shelved entirely and that no vote be taken on it as written. A bill could be developed to protect the religious beliefs of all who come into contact with Michigan's health care system, including the conscience of patients needing or wanting treatment. Health care insurers, facilities, and providers in Michigan should be required to treat patients without religious bias, not permitted to exercise it through law.

We especially believe that any insurer, facility or provider receiving state or federal funds such as Medicaid or Medicare should be required to provide comprehensive medical services without religious bias.

Thank you for the opportunity to comment on some of our objections to SB 136.

/s/

Mary Pollock
Legislative Vice President
Michigan NOW